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David R. Preston & Associates, A.P.C.
12625 High Bluff Drive
Suite 205
San Diego, California 92130

David R. Preston
M. Reza Savari*
Raymond Wagenknecht*

* Of Counsel

FAX

TO: Commissioner For Patents
FAX: 703-872-9306
FROM: David R. Preston
DAVID R. PRESTON & ASSOCIATES, A.P.C.
PHONE: 858-724-0375 x102
DATE: June 29, 2005
PAGES: 11 including cover

RE: US Application No. 10/679,645
Inventor: Praful Doshi
Art Unit: 2873
Examiner: Scott Sugarman

Dear Sir:

Please enter the attached Information Disclosure Statement.

Sincerely,



David R. Preston
Reg. No. 38,710

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JUN 30 2005

CONFIDENTIAL

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David R. Preston & Associates, A.P.C.
DRPNA@
www.drpga.com
phone: 858.724.0375
facsimile: 858.724.0384

PTO/SB/21 (09-04)


Approved for use through 07/31/2008. OMB 0651-0031

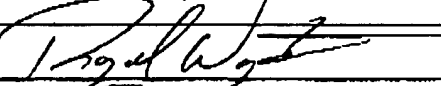
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/879,845
	Filing Date	October 6, 2003
	First Named Inventor	Pratul Doshi
	Art Unit	2873
	Examiner Name	Scott Sugerman
	Attorney Docket Number	PD-00100.P.1.1.1.1
Total Number of Pages in This Submission		5

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks 1. Form 1449 2. References cited on Form 1449		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	David R Preston & Associates, APC		
Signature			
Printed name	David R Preston		
Date	6-29-05	Reg. No.	38,710

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	RAYMOND WAGENKNECHT	Date	6/29/05

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/21 (09-04)

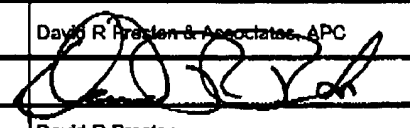
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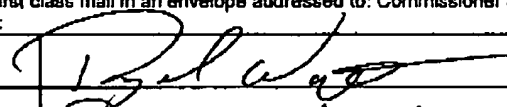
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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/679,645
	Filing Date	October 6, 2003
	First Named Inventor	Praful Doshi
	Art Unit	2873
	Examiner Name	Scott Sugarman
	Attorney Docket Number	PD-00100.P.1.1.1.1
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Firm Name	David R Preston & Associates, APC	
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Printed name	David R Preston	
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Signature		
Typed or printed name	RAYMOND WAGONER	Date 6/29/05

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PTO/SB/17 (12-04v2)

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4918).**FEE TRANSMITTAL**
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 180.00**Complete if Known**

Application Number	10/679,645
Filing Date	October 6, 2003
First Named Inventor	Praful Doshi
Examiner Name	Scott Sugarman
Art Unit	2873
Attorney Docket No.	PD-00100.P.1.1.1.1

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):☒ Deposit Account Deposit Account Number: 501321 Deposit Account Name: David R Preston

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2036.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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- 20 or HP =		x	=
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HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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- 3 or HP =		x	=
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HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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- 100 =		/ 50 =		(round up to a whole number) x	=
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4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Information Disclosure Statement

Fees Paid (\$)

180.00

SUBMITTED BY

Signature

Registration No.
(Attorney/Agent) 38,710

Telephone 858-724-0375

Name (Print/Type) David R Preston

Date 6-29-05

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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JUN 29 2005

PTO/SB/17 (12-04v2)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 180.00**Complete if Known**

Application Number	10/679,645
Filing Date	October 6, 2003
First Named Inventor	Praful Doshi
Examiner Name	Scott Sugarman
Art Unit	2873
Attorney Docket No.	PD-00100.P.1.1.1.1

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account Number: 501321 Deposit Account Name: David R Preston
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
---------------------	---------------------	-----------------	----------------------

- 20 or HP = _____	x	_____	=	_____
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HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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- 3 or HP = _____	x	_____	=	_____
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HP = highest number of independent claims paid for, if greater than 3.

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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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- 100 = _____	/ 50 = _____	(round up to a whole number) x	_____	=	_____
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4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Information Disclosure Statement

Fees Paid (\$)

180.00

SUBMITTED BY

Signature	Registration No. 38,710 (Attorney/Agent)	Telephone 858-724-0375
Name (Print/Type) David R Preston		Date 6-29-05

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Patent

Docket Number: PD-00100.P.1.1.1.1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Doshi

Application No.: 10/679,645

Filed: October 6, 2003

For: TINTED LENSES AND
METHODS OF MANUFACTURE

Examiner: Scott J. Sugarman

Art Unit: 2873

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313

Sir:

INFORMATION DISCLOSURE STATEMENT

Applicant respectfully submits this information disclosure statement (IDS) for the above referenced U.S. Patent Application. This statement is filed after the First Office Action on the merits. Applicant includes a fee of \$180.00 herewith.

Applicant notes that claims have recently been allowed in proceedings before the European Patent Office (EPO). During those proceedings, the declaration referred to on the attached Form 1449 and provided herewith was provided.

Please apply any charges not covered, or any credits, to **Deposit Account 501321** in the name of **David R. Preston & Associates** having **Customer Number 24232**.

Respectfully submitted,

Date:

June 29, 2005



David R. Preston
Reg. No. 38,710

David R. Preston & Associates
12625 High Bluff Drive
Suite 204
San Diego, CA 92130

phone: 858.724.0375
facsimile: 858.724.0384

INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use several sheets if necessary)	Docket Number: PD-00100.P.1.1.1.1	Application Number: 10/679,645
	Applicant: DOSHI, Praful	
	Filing Date: October 6, 2003	Group Art Unit: 2873

OTHER DOCUMENTS (Including Author, Title, Date, Pertinent Pages, Etc.)		
EXAMINER INITIALS		CITATION
	D1	Declaration of John M. Evans
	D2	
	D3	

Examiner Signature		Date Considered	
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